protocols of the Pro	gram, including the	, whose of Life" driving program requirement to be eight driver's license at the	ther a fully licensed d	abide by and foll river in the State	ow all rules,	policies, and
		(and _ gree(s) to allow him o)	is (are) the	parent(s) or
legal guardian(s) of	the Student and ag	ree(s) to allow him o	r her to participate as	a student in the	Program.	
		arent(s) or legal guar vel 2 driver's license				
		udent is not fully licer immediate removal fr		e at least a valid	Level 2 driv	er's license
	V	AIVER AND RELEA	SE OF LIABILITY			
of Michigan, the Mic and all past, presen damages, costs, los contract, or other th	chigan State Police, it, or future claims, on sees of services, ex eory of recovery, w	s) or legal guardian(s) its employees, agen demands, obligations penses, and compen hich they may now he out of, Student's par	ts, facilities, insurers, actions, causes of a sation of any nature vave, or which may he	successors, he action, wrongful o whatsoever, whe reafter accrue o	irs, or assigr death claims ether based	ns from any s, rights, on a tort,
State Police, its em	ployees, agents, fac	s) or legal guardian(s) cilities, insurers, succ gent, intentional, or c	essors, heirs, or assi	gns on any clain	ns against th	em resulting
		and a complete agree the Michigan State P				
Company Fund to u student with the priv	ise and reproduce to vilege of editing and all commercial pu	ent(s) or legal guardi he name, picture(s) (I rearranging, without urposes and in any m Il media.	moving or still), and s changing the origina	statement(s) (orall I meaning, and t	al or written) to copyright	of the and circulate
set forth above is a	general release. T	ent(s) or legal guardi hey expressly waive, tion in the Program.				
Student			Parent or Legal Guardian			
			Signature			 ate
Signature		Date				
			Address	City	, State	
		, MI	Addiess	Oity	Sidle	∠ ال
Address	City	Zip				

Signature

City

Address

Date

Zip

State